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## PHA Plan Agency Identification

**PHA Name:** Twin Falls Housing Authority

**PHA Number:** ID001

**PHA Fiscal Year Beginning: (mm/yyyy)** 01/2003

### PHA Plan Contact Information:

Name: Penny Earl

Phone: 208 733 5765

TDD: 208 733 5878

Email (if available): penny.earl@twinfallshousing.com

### Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

### PHA Programs Administered:

- ☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

## Annual PHA Plan Fiscal Year 2002

[24 CFR Part 903.7]

### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

<b>Contents</b>	<b><u>Page #</u></b>
<b>Annual Plan</b>	
i. Executive Summary (optional)	
ii. Annual Plan Information	
iii. Table of Contents	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	3
3. Demolition and Disposition	3 - 4
4. Homeownership: Voucher Homeownership Program	4
5. Crime and Safety: PHDEP Plan	5
6. Other Information:	5 - 6
A. Resident Advisory Board Consultation Process	
B. Statement of Consistency with Consolidated Plan	
C. Criteria for Substantial Deviations and Significant Amendments	
<b>Attachments</b>	
<input checked="" type="checkbox"/> Attachment A : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment B: Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment C: Capital Fund Program 5 Year Action Plan	
<input checked="" type="checkbox"/> Attachment D: Capital Fund Program Performance and Evaluation Reports 2000,2001,2002	
<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment E: Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment F: Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment G: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment H: Analysis for Conversion	

## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

The Twin Falls Housing Authority has prepared its Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

We have adopted the following mission statement to guide the activities of the Housing Authority:

The mission of the Twin Falls Housing Authority is to promote adequate, affordable housing, economic opportunity and a suitable living environment for the families we serve, without discrimination.

We are especially proud of our success in working with our newly formed resident advisory board in addition to the goals that we have been achieving and will continue to achieve in our effort to provide a good living environment for our tenants.

Our Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working towards the achievement of our mission.

The plans, statements, budget summary, policies, etc. set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with the Consolidated Plan. Here are just a few highlights of our Annual Plan:

- Proceed with the exchange agreement in which we will be receiving 20 new units at a new location in exchange for the 50 year old units.
- Work with the resident advisory board.
- Make needed improvements thanks to the new Capital Fund that we are receiving.

In summary, we are on course to improve the condition of affordable housing in Twin Falls.

### **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

**No changes were made in the policies or programs this year.**

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 363,000.00

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

## **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

### 2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name: Washington Courts
1b. Development (project) number: ID001001
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>

3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(11/03/99)</u>
5. Number of units affected: 20 6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for      units <input checked="" type="checkbox"/> Public housing for 20 units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for      units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: 02/01/2002 b. Actual or projected start date of relocation activities: 12/31/2002 c. Projected end date of activity: 12/31/2002

#### **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

#### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name) G
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included  
☐ Yes ☐ No: below or  
☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_\_.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_\_.
- ☒ Other: (list below) Implemented Capital Improvements

### **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (Region IV – State of Idaho)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
  - ☐ Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
  - ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

### C. Criteria for Substantial Deviation and Significant Amendments

#### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

**A. Substantial Deviation from the 5-year Plan: The Housing Authority will practice fungibility which is allowed by the Capital Fund Program without going out for full public review.**

**Significant Amendment or Modification to the Annual Plan: It has been determined that in the case of the Capital Fund if a specific non emergency work item exceeds \$50,000.00 or if a work item is added that exceeds \$50,000.00 it would be a significant amendment and would thus require the public process. Any changes to rent or admissions policies or organization of the waiting list would also require the same.**



## **Attachment A**

### **Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
x	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
x	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
x	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
x	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
x	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
x	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
x	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
x	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
x	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
x	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
x	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
x	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
x	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
x	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
x	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
x	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
x	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>Coordination with other law enforcement efforts;</li> <li>Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
x	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
x	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Twin Falls Housing Authority		Grant Type and Number Capital Fund Program: ID16P00150103 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	30,000			
3	1408 Management Improvements	4,000			
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	25,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	30,000			
10	1460 Dwelling Structures	159,500			
11	1465.1 Dwelling Equipment—Nonexpendable	10,500			
12	1470 Nondwelling Structures	56,000			
13	1475 Nondwelling Equipment	48,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	363,000			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Twin Falls Housing Authority		Grant Type and Number Capital Fund Program: ID16P00150103 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:     )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
24	Amount of line 20 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Twin Falls Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: ID16P00150103 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406		30,000				
HA-Wide	Management Improvements	1408		4,000				
HA-Wide	Fees & Costs	1430		25,000				
1-5	Remove and Replace Paving	1450	100%	30,000				
1-1	Replace Storm Doors	1460	36	13,000				
1-2	Replace Storm Doors	1460	28	12,000				
1-3	Install New Windows	1460	28 Units	60,000				
1-4	Replace Storm Doors	1460	54	17,500				
1-5	Cabinets/Counter Top Replacement	1460	30	57,000				
1-3	Replace Water Heaters	1465.1	30	10,500				
1-2	Remodel Laundry	1470		16,000				
1-1	Add on to Maint Building	1470		40,000				
HA-Wide	Replace Maint Vehicle	1475		16,000				
1-1	New Playground	1475		24,000				
HA-Wide	Purchase New Lawn Tractor	1475		8,000				
	TOTAL			363,000				





# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name Twin Falls Housing Authority				<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2005	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2006	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2007	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 2008
	Annual Statement				
<b>HA WIDE</b>		95,000	87,000	87,000	118,000
1-1		10,000	164,000	144,000	24,000
1-2		146,000	.00	82,000	
<b>1-3</b>		50,000	60,000	60,000	92,000
1-4		.00	.00		
1-5		62,000	52,000		24,000
1-6					115,000
CFP Funds Listed for 5-year planning					
		363,000	363,000	373,000	373,000
Replacement Housing Factor Funds					

## Capital Fund Program Five-Year Action Plan

## Part II: Supporting Pages—Work Activities

Activities for	Activities for Year : _2__	Activities for Year: _3__
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Year 1	FFY Grant: 2004 PHA FY: 2005			FFY Grant: 2005 PHA FY: 2006		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See Annual Statement	HA-Wide	Operations	37,000	HA-Wide	Operations	37,000
	HA-Wide	Management Imp	6,000	HA-Wide	Management Imp	12,000
	HA-Wide	Administration	14,000	HA-Wide	Fees & Costs	30,000
	HA-Wide	Fees & Costs	30,000	HA-Wide	Relocation	8,000
	HA-Wide	Relocation Costs	8,000	1-1	Update Wiring	20,000
	1-1	Repair Replace Parking	36,000	1-1	Remodel Bathrooms	144,000
	1-1	Replace Water Heaters	10,000	1-3	Remodel Kitchens	60,000
	1-2	Replace Siding	77,000	1-5	New Windows	52,000
	1-2	Update Electrical	33,000			
	1-3	New Roofing	50,000			
	1-5	New Storm Doors	12,000			
	1-5	New Roofing	50,000			
Total CFP Estimated Cost			363,000			363,000

# Capital Fund Program Five-Year Action Plan

## Part II: Supporting Pages—Work Activities

Activities for Year :_4_			Activities for Year: __5_		
FFY Grant: 2006			FFY Grant: 2007		
PHA FY: 2007			PHA FY: 2008		
<b>Development</b>	<b>Major Work</b>	<b>Estimated Cost</b>	<b>Development</b>	<b>Major Work</b>	<b>Estimated Cost</b>



## **CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Twin Falls Housing Authority		Grant Type and Number Capital Fund Program Grant No: ID16P001501-00 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2000</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	32,324.24		31,890.42	31,890.42
3	1408 Management Improvements	5,000.00		5,000.00	5,000.00
4	1410 Administration	10,000.00		10,000.00	10,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,174.00		10,459.80	10,310.00
8	1440 Site Acquisition				
9	1450 Site Improvement	190,496.00		212,644.02	155,336.00
10	1460 Dwelling Structures	80,729.76		80,729.76	80,429.76
11	1465.1 Dwelling Equipment—Nonexpendable	10,503.00		10,503.00	2,713.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	32,450.00		8,450.00	8,450.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Twin Falls Housing Authority		Grant Type and Number Capital Fund Program Grant No: ID16P001501-00 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2000</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	369,677.00		369,677.00	304,129.18
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Twin Falls Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: ID16P001501-00 Replacement Housing Factor Grant No:			<b>Federal Fiscal Year of Grant 2000</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406		32,324.24		31,890.42	31,890.42	
	Consulting Fees, Software Etc	1408		5,000.00		5,000.00	5,000.00	
	Misc. Administrative Costs	1410		10,000.00		10,000.00	10,000.00	
	Fees & Costs	1430		8,174.00		10,459.80	10,310.00	
	Sidewalks, Paving, Sprinklers, Curbs	1450		190,496.00		212,644.02	155,336.00	
	Carpet, Windows, Painting							
	Blinds, Drapes	1460		80,729.76		80,729.76	80,429.76	
	Appliances	1465 .1		10,503.00		10,503.00	2,713.00	
	Equipment, Lawn Tractor, Sweeper	1475		32,450.00		8,450.00	8,450.00	
	TOTAL			369,677.00		369,677.00	304,129.18	



## **CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Twin Falls Housing Authority		Grant Type and Number Capital Fund Program Grant No: ID16P00150101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	37,000.00		10,596.91	10,596.91
3	1408 Management Improvements	16,000.00		3,962.85	3,962.85
4	1410 Administration	10,000.00			
5	1411 Audit	5,000.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	110,000.00		23,026.18	12,934.20
10	1460 Dwelling Structures	159,131.00			
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	10,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				



<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Twin Falls Housing Authority		Grant Type and Number Capital Fund Program Grant No: ID16P00150101 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2001</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	377,131.00		37,585.94	27,493.96
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Twin Falls Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: ID16P00150101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406		37,000.00		10,596.91	10,596.91	
	Consulting Fees, Software Etc.	1408		16,000.00		3,962.85	3,962.85	
	Misc. Administrative Costs	1410		10,000.00				
	Audit	1411		5,000.00				
	Fees & Costs	1430		20,000.00				
	Sidewalks, Paving, Sprinkler System	1450						
	Curb & Gutter			110,000.00		23,026.18	12,934.20	
	Carpet, Windows, Painting	1460						
	Blinds & Drapes			159,131.00				
	Refrigerators & ranges	1465	.1	10,000.00				
	Laundry Equipment	1475		2,000.00				
	Lawn Equipment	1475		8,000.00				
	TOTAL			377,131.00		37,585.94	27,493.96	



## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Twin Falls Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: ID16P00150102 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2002
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input checked="" type="checkbox"/> <b>Revised Annual Statement (revision no: 1)</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	32,000	30,000	0	
3	1408 Management Improvements	6,000	4,000	0	
4	1410 Administration	14,000	14,000	0	
5	1411 Audit	1,000	.00	0	
6	1415 Liquidated Damages			0	
7	1430 Fees and Costs	25,000	25,000	0	
8	1440 Site Acquisition			0	
9	1450 Site Improvement	140,000	150,000	0	
10	1460 Dwelling Structures	95,000	67,000	0	
11	1465.1 Dwelling Equipment—Nonexpendable	60,000	60,000	0	
12	1470 Nondwelling Structures	3,000	3,000	0	
13	1475 Nondwelling Equipment	1,000	1,000	0	
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs		3,994		
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Twin Falls Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: ID16P00150102 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2002
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input checked="" type="checkbox"/> <b>Revised Annual Statement (revision no: 1)</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	377,000	357,994		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Twin Falls Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: ID16P00150102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operatons	1406		30,000	30,000	0		
HA-Wide	Mngmt Imp. (Training)	1408		6,000	4,000	0		
HA-Wide	Administration	1410		14,000	14,000	0		
HA-Wide	Audit	1411		1,000	.00	0		
HA-Wide	Fees & Costs	1430		25,000	25,000	0		
1-1	Remove & Replace Existing Paving/					0		
	Curbing 75% Development	1450		125,000	125,000	0		
1-1	Remove Existing Old Fence &					0		
	Replace With New Fence	1450		25,000	25,000	0		
1-3	New Storm Doors	1460		9,000	9,000	0		
1-3	Flooring	1460		20,000	.00	0		
1-4	Flooring	1460		26,000	26,000	0		
1-5	Kitchen Remodel (Cabinets/Counters)	1460		32,000	32,000	0		
1-5	Boilers	1465.1		60,000	60,000	0		
1-3	Remodel Laundry (Add AC)	1470		3,000	3,000	0		
HA-Wide	Mowers/Tools	1475		1,000	1,000	0		
HA-Wide	Tenant Relocation	1495		0	3,994	0		
<b>TOTAL</b>				377,000	357,994			









## PHA Public Housing Drug Elimination Program Plan

**Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.**

### **Section 1: General Information/History**

**A. Amount of PHDEP Grant \$**\_\_\_\_\_

**B. Eligibility type (Indicate with an “x”)**      **N1**\_\_\_\_\_ **N2**\_\_\_\_\_ **R**\_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

### **D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

### **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

<b>PHDEP Target Areas (Name of development(s) or site)</b>	<b>Total # of Units within the PHDEP Target Area(s)</b>	<b>Total Population to be Served within the PHDEP Target Area(s)</b>

### **F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

**12 Months**\_\_\_\_\_ **18 Months**\_\_\_\_\_ **24 Months**\_\_\_\_\_

**G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

<b>Fiscal Year of Funding</b>	<b>PHDEP Funding Received</b>	<b>Grant #</b>	<b>Fund Balance as of Date of this Submission</b>	<b>Grant Extensions or Waivers</b>	<b>Grant Start Date</b>	<b>Grant Term End Date</b>
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

**Section 2: PHDEP Plan Goals and Budget****A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

**B. PHDEP Budget Summary**

Enter the total amount of PHDEP funding allocated to each line item.

<b>FFY _____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
<b>TOTAL PHDEP FUNDING</b>	

**C. PHDEP Plan Goals and Activities**

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

<b>9110 – Reimbursement of Law Enforcement</b>	<b>Total PHDEP Funding: \$</b>
Goal(s)	
Objectives	

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators

1.							
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							



9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							



## **Required Attachment E: Resident Member on the PHA Governing Board**

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Thelma Nan Moon

B. How was the resident board member selected: (select one)?

- ☐ Elected  
☒ Appointed

Elected by Residents and then appointed by Mayor

C. The term of appointment is (include the date term expires): 5 Yrs expiring  
1/11/2005

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis  
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  
☐ Other (explain):

B. Date of next term expiration of a governing board member: 02/10/2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Lance Clow Mayor of the City of Twin Falls

## **Required Attachment F: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Larry Justesen  
Phyllis Sykora  
Thelma Nan Moon  
Tammy Garrison  
Peg Bearden

We send out a newsletter requesting residents that are interested in being on the resident advisory board to apply. So far we have had residents from each development volunteer to be on the board. We are a small housing authority and it has been difficult to find people willing to serve but feel we have a good representation at this time.

## **Required Attachment G: Comments of Resident Advisory Boards**

**Since there were no changes to the plan since last year the only comments we had from the advisory board was recommendations on the Capital Improvements for the 5 Year Plan and those recommendations are implemented.**

## **Required Attachment H: Voluntary Conversion Analysis**

### **Development**

- 1-1 Washington Courts – 56 Units of Family Housing**
- 1-2 Pioneer Square – Designed as Elderly – Exempt**
- 1-3 Sunny View Courts – Designed as Elderly – Exempt**
- 1-4 Duvall Courts – Designed as Elderly – Exempt**
- 1-5 Terry Courts – Designed as Elderly – Exempt**

**If Washington Courts is Converted the Cost to HUD would be approximately \$181,776.00**

**If left as Public Housing the approximate Cost to HUD is \$32,000.00  
Annually based on the new AEL established this year**